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(19)



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European Patent Office  
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(11)

**EP 0 745 405 A1**

(12)

**EUROPEAN PATENT APPLICATION**

(43) Date of publication:  
**04.12.1996 Bulletin 1996/49**

(51) Int. Cl.<sup>6</sup>: **A61M 16/01**

(21) Application number: **96105279.2**

(22) Date of filing: **02.04.1996**

(84) Designated Contracting States:  
**DE GB SE**

(30) Priority: **02.06.1995 SE 9502034**

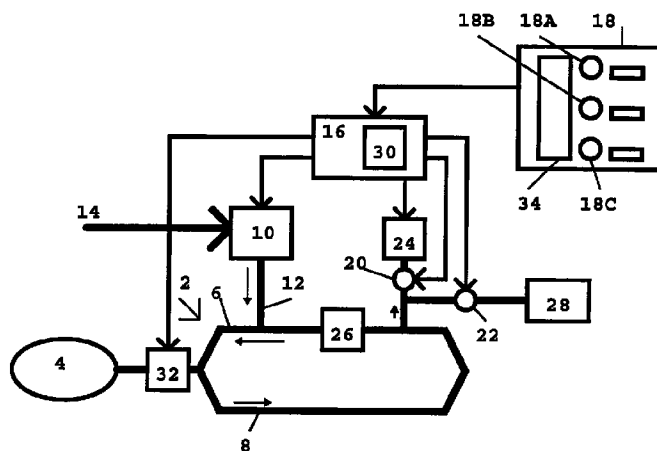
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**(54) Anaesthetic system**

(57) An anaesthetic system, which can be switched between an open system and a rebreathing system, is described. The anaesthetic system comprises a breathing circuit (2), a setting unit (18) and a switching unit (16, 20, 22, 30). When the breathing circuit (2) is connected as a rebreathing system and a change in anaes-

thetic concentration or anaesthetic is initiated on the setting unit (18), the switching unit (16, 20, 22, 30) automatically sets the breathing circuit (2) as an open system for a predetermined period of time, the rebreathing system being reset thereafter.



**FIG. 1**

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## Description

The present invention relates to an anaesthetic system according to the preamble to claim 1.

The present invention also relates to a method used with an anaesthetic system according to the preamble to claim 8.

In the anaesthetic art, a large number of breathing systems for delivering gas to a patient are well-known. In the following description, only the abbreviated designation "system" will be used. In principle, these systems can be divided into two categories: open systems and rebreathing systems. In the open system, only fresh respiratory gas (containing oxygen, nitrous oxide, anaesthetic and, possibly, air in specific proportions) is supplied to the patient at each breath, and all expired respiratory gas is removed by an evacuation unit. In a rebreathing system, however, part of the expired respiratory gas is recirculated to the patient at the same time as supplementary fresh respiratory gas is added to the recirculated respiratory gas.

A plurality of different kinds of rebreathing systems exist in which a larger or smaller part of the expired respiratory gas is recirculated to the patient or in which only one or several of the gases in the exhaled respiratory gas is/are recirculated. In the most extreme rebreathing systems, virtually all expired respiratory gas is recirculated. Here, carbon dioxide is first removed from the expired respiratory gas. This kind of system is normally referred to as a closed system.

Anaesthetic equipment is therefore designed for operation with a number of different systems. One example of such anaesthetic equipment is described in the American patent US-4,791,922. The described anaesthetic equipment includes a valve system which can be set to the system used. Setting can be performed without detaching or shifting gas tubes etc.

The respiratory gas supplied to the patient contains an anaesthetic gas. The five most common anaesthetic gases are halothane, enflurane, isoflurane, sevoflurane and desflurane. The effect of the different anaesthetic gases varies from patient to patient, and the gases cause different side-effects. So an anaesthetist may sometimes wish to switch to another anaesthetic during ongoing treatment. She/he may induce narcosis with halothane and then switch to e.g. sevoflurane. Patient allergy may be another reason to change the anaesthetic. So many anaesthetic machines are equipped with a plurality of anaesthetic gas sources (usually in the form of vaporizers for liquid anaesthetics), and the physician can switch to another anaesthetic with a simple operation.

However, a problem arises when anaesthetic is changed in rebreathing systems, especially when a larger part of the expired respiratory gas is recirculated to the patient. A mixture of anaesthetic gases should not be given to the patient. This is because, inter alia, the effect of the mixture on the patient is unpredictable and can lead to complications. In addition, the concentration

of anaesthetics in a mixture is unknown, or at least difficult to determine.

Another problem with rebreathing systems is that any change in the concentration of anaesthetic (even without any change in anaesthetic) occurs slowly in the breathing circuit. This is particularly apparent when the concentration is to be reduced in closed systems. A large part of the expired volume of respiratory gas, holding a higher concentration of anaesthetic gas than the desired concentration, is then recirculated to the patient.

One object of the present invention is to achieve an anaesthetic system which solves the aforementioned problems.

Another object is to achieve a method, for use with anaesthetic systems, which solves the aforementioned problems.

One such anaesthetic system is achieved in accordance with the invention in that the anaesthetic system is devised according to the characterizing portion of claim 1.

When a switching unit is connected to a setting unit, the switching unit can be devised so it automatically switches the breathing circuit whenever a change in the setting is initiated on the setting unit. In particular, the breathing circuit can be switched to an open system when the patient is to be given another anaesthetic or when the concentration of anaesthetic is to be reduced. The breathing circuit then remains set up as an open system for a predetermined period of time before the switching unit automatically switches the breathing circuit back to a rebreathing system.

Advantageous embodiments will be apparent from the dependent claims of claim 1.

A method is achieved in accordance with the invention in that the above-described method also comprises the operations set forth in the characterizing portion of claim 8.

Embodiments of the anaesthetic system according to the invention will be described below in greater detail, referring to the figures, whereby

FIG. 1 shows a first embodiment of the anaesthetic system, and

FIG. 2 shows a breathing circuit in a second embodiment of the anaesthetic system.

Figure 1 shows a schematic rendition of a first embodiment of the anaesthetic system. Only functional blocks and components relevant to the described invention are shown. The different functional blocks can consist of a plurality of interconnected devices, and a plurality of functional blocks, or parts thereof, can be integrated into a single machine.

A breathing circuit 2 is connected to a patient 4 to supply same with a respiratory gas. The respiratory gas consists of a predefined mixture of oxygen, nitrous oxide, anaesthetic gas and, possibly, air. The respiratory gas is carried to the patient 4 in an inspiratory line

6 and conveyed from the patient 4 in an expiratory line 8. Fresh respiratory gas can be delivered to the breathing circuit 2 from a fresh gas source 10 via a fresh gas line 12.

The fresh gas source 10 is supplied with component gases, such as oxygen and nitrous oxide, from external gas sources designated 14 in the figure. The components are mixed in predefined proportions in the fresh gas source 10 and anaesthetic gas is added from vaporizers within the fresh gas source 10. Here, the fresh gas source 10 can contain one vaporizer for every conceivable anaesthetic or for a selection of anaesthetics (i.e. some or all of the anaesthetics halothane, desflurane, enflurane, isoflurane and sevoflurane). A predefined flow of respiratory gas is carried from the fresh gas source 10 to the breathing circuit 2, continuously or intermittently.

The breathing circuit 2 can operate according to a plurality of different systems, both as an open system and any rebreathing system, in particular as a closed system. The active system is selected by a switching unit comprising a control unit 16, a first valve 20 and a second valve 22.

However, the operator, usually an anaesthetist, selects the system to be used. This is performed on a setting unit 18 comprising a plurality of setting knobs 18A, 18B, 18C. Here, the anaesthetist can set all the parameters for the narcosis, i.e. the anaesthetic to be used, the concentration of the anaesthetic and the type of system. Other settings are the type of patient (e.g. child or adult), the volume to be delivered to the patient in each breath, the breathing rate to be used etc.

Information on the parameters set is sent from a signal generator 34 in the setting unit 18 to the control unit 16 as a control signal. The control unit 16 then regulates all functions necessary to the breathing circuit, e.g. the fresh gas source 10, the first valve 20 and the second valve 22.

If the breathing circuit 2 is to operate as an open system, the control unit 16 closes the first valve 20. Fresh respiratory gas is sent to the breathing circuit 2 at a relatively high flow rate, i.e. up to more than 10 liters a minute for an adult patient, when flow is continuous. The respiratory gas passes through the fresh gas line 12 to the inspiratory line 6 and on to the patient 4. During expiration, expired gas, with some fresh gas, passes through the expiratory line 8 out of the breathing circuit via the second valve 22 to an evacuation unit 28. Valuable anaesthetic gases can be recovered in the evacuation unit, and other gases can be released.

The second valve 22 can be a controllable valve, actively regulated by the control unit, a passive pressure relief valve which automatically opens at a specific excess pressure, e.g. 3 cm H<sub>2</sub>O, or any combination thereof.

If the breathing circuit is to operate as a closed system, the first valve 20 opens while the second valve 22 is kept closed. The breathing circuit 2 fills with fresh respiratory gas from the fresh gas source 10, which there-

after only injects a very small amount of supplementary fresh gas to compensate for gas uptake and oxidation in the patient, minor leakage etc. "Leakage" refers mainly to gas discharged through the second valve 22 in pressure peaks.

A pressure-transfer unit 24 applies rhythmic pressure changes to gas in the breathing circuit 2 and, accordingly, controls the patient's breathing. The pressure-transfer unit 24 can be a bag and bottle, well-known in the anaesthesia art.

So during inspiration, gas from the pressure-transfer unit 24 is forced through the inspiratory line 6 and passes a carbon dioxide absorber 26. The carbon dioxide absorber 26 absorbs carbon dioxide in air expired by the patient 4. In expiration, the pressure-transfer unit 24 fills with gas from the expiratory line 8 and the patient 4 exhales. Expired gas is then returned to the patient 4 in the next inspiration.

One major advantage of the closed system is its low consumption of anaesthetic gas. Virtually all anaesthetic gas is immediately recirculated, breath after breath. So the closed system is preferred by many anaesthetists. Other rebreathing systems are also frequently employed. However, the degree of rebreathing can vary considerably in other rebreathing systems.

It is common for anaesthetists to wish to change the concentration of an anaesthetic or switch to another anaesthetic during ongoing treatment. This can cause problems, especially in the closed system. The anaesthetic system has been devised in a special way to facilitate making changes in concentration and anaesthetic.

Assume that the patient 4 has been anaesthetized with halothane as the anaesthetic gas and the anaesthetist wishes to switch to sevoflurane. Sevoflurane is then selected on the setting unit instead of halothane. The desired concentration of sevoflurane is set at the same time.

The control unit 16 then controls the fresh gas source 10, causing a vaporizer for sevoflurane to be connected instead of one for halothane, and simultaneously activates a timer 30. The timer 30 then counts down for a predetermined period of time. During this time, the first valve 20 stays closed and the second valve 22 stays open. In other words, the breathing circuit 2 is switched to an open system. Respiratory gas containing halothane in the breathing circuit 2 is then quickly flushed out through the evacuation unit. The patient's 4 lungs are also emptied of respiratory gas containing halothane after a number of breaths. At the same time, relatively large amounts of respiratory gas containing sevoflurane are sent to the breathing circuit 2 from the fresh gas source 10 and fill the breathing circuit 2. When the predetermined period of time has elapsed, the first valve 20 re-opens, the second valve 22 closes and the flow of fresh gas from the fresh gas source 10 is reduced.

A rapid reduction in concentration can be achieved in a closed system in the corresponding manner.

The predetermined period of time can range from about 10 seconds to several minutes, but one to two minutes is typical. The time can be programmed into the timer or depend on different parameters, such as the type of patient (child or adult), tidal volume (volume per breath), the type and concentration of anaesthetic gas, etc. The various parameters are sent to the control unit 16 as a control signal, and the counter 30 counts down for a period of time based on these parameters.

A concentration meter 32 for anaesthetic can be arranged in the breathing circuit 2. Since switching anaesthetics is a fast operation, the concentration meter 32 does not need to be capable of distinguishing between different anaesthetics. However, the concentration meter 32 may have to be reset for different anaesthetics. This resetting is appropriately performed by the control unit 16. However, resetting can be carried out on the setting unit 18 or in some other manner

Figur 2 shows a breathing circuit of a second embodiment of the anaesthetic system. Elements which can be identical have retained the same designation number as in figure 1. The main difference between the first embodiment and the second embodiment is that the carbon dioxide absorber 26 is located upstream of the pressure-transfer unit 24, and that the fresh gas unit 10 can be selectively connected to the inspiration line 6 via a third valve 36 and the pressure-transfer unit 24 or directly to the inspiration line 6 via a fourth valve 38. Expired gas will now in the closed system be purified from carbon dioxide before returning to the pressure-transfer unit 24 and the supply of fresh gas will be made either via the third valve 36 in immediate connection to the filling or emptying of the pressure-transfer unit 24, or via the fourth valve 38.

When the situation described above occurs, i.e. that a change in anaesthetic is ordered, the pressure-transfer unit 24 is emptied, the second valve 22 opens and a small amount of new gas, containing the new selected anaesthetic can fill up the pressure-transfer unit 24 while the first valve 20 and third valve 36 are kept open for a short time period. Then the first valve 20 and the third valve 36 are closed and the fourth valve 38 is opened. A large amount of new fresh gas is now supplied from the fresh gas unit 10 to flush out the inspiration line 6 and expiration line 8 from the previously used anaesthetic. Since the second valve 22 will be open at least during expiration a relatively high continuous flow of new fresh gas will also flow in the opposite direction in the inspiration line 6 and empty the absorber 26 as well as the inspiration line 6 from the old anaesthetic and fill the line with the new anaesthetic. During inspiration the second valve 22 can be controlled to force the patient 4 to inhale.

With the system the patient 4 will receive the new anaesthetic practically immediately after the change has taken place and it is only the exchange of the old anaesthetic to the new anaesthetic in the patient's 4 lungs that will determine the necessary length of time for the system to be connected as an open system.

It should be noted that the setting unit 18 does not necessarily have to be a separate part of the anaesthetic system. For example, each anaesthetic vaporizer is normally devised with a separate setting knob. The timer 30, or a large part of the control unit 16, can be incorporated into part of the setting unit 18. Switching itself can also be completely mechanical.

The principle of the invention can be described most simply by the method in which the breathing circuit is automatically switched from a rebreathing system to an open system for a predetermined period of time, when an anaesthetic gas is switched or the concentration of anaesthetic is changed, and the rebreathing system is reactivated when the predetermined period of time elapses.

The same principles can be used when a patient is awakened, whereby a respiratory gas free from anaesthetic is supplied.

## Claims

1. An anaesthetic system comprising a breathing circuit (2), which can be switched by means of a switching unit (16, 20, 22, 30) between at least an open system and a rebreathing system, and a setting unit (18) for setting, inter alia, the type of anaesthetic and anaesthetic concentration, **characterized in** that the switching unit (16, 20, 22, 30) is connected to the setting unit (18) and devised to automatically switch the breathing circuit (2), when the breathing circuit (2) is connected as a rebreathing system, to an open system for a predetermined period of time, when a change in anaesthetic and/or change in anaesthetic concentration is initiated on the setting unit (18), whereupon the switching unit (16, 20, 22, 30) automatically resets the breathing circuit (2) to a rebreathing system.
2. An anaesthetic system according to claim 1, **characterized in** that the predetermined period of time is between 5 seconds and 3 minutes.
3. An anaesthetic system according to claim 1 or 2, **characterized by** an anaesthetic concentration meter (32), resettable for measurement of different anaesthetics, said concentration meter (32) being connected to the switching unit, the switching unit (16, 20, 22, 30), automatically setting the concentration meter (32) for measurement of the new anaesthetic when a change in anaesthetic is initiated on the setting unit (18).
4. An anaesthetic system according to claim 1 or 2, **characterized by** an anaesthetic concentration meter (32), resettable for measurement of different anaesthetics, said concentration meter (32) being connected to the setting unit (18), which is devised to automatically reset the concentration meter (32) for measurement of the new anaesthetic when a

change in anaesthetic is initiated on the setting unit (18).

5. An anaesthetic system according to any of the above claims, **characterized in** that the setting unit (18) comprises a signal generator (34) which, when the anaesthetic and/or anaesthetic concentration is changed, generates a control signal sent to a timer (30) in the switching unit (16, 20, 22, 30), said timer (30) then sending an activation signal to the switching unit (16, 20, 22, 30) for the predetermined period of time.
6. An anaesthetic system according to claim 5, **characterized in** that the control signal contains information on the duration of the predetermined period of time.
7. An anaesthetic system according to claim 5 or 6, **characterized in** that the switching unit (16, 20, 22, 30) further comprises at least one valve (20, 22), which is arranged in the breathing circuit to control the flow path of a respiratory gas so it flows in the open system or the rebreathing system, and which is operatively connected to the timer (30), the valve (20, 22) then enabling respiratory gas to flow in a manner corresponding to the open system as long as the timer (30) generates the activation signal.
8. A method for use with an anaesthetic system, said method causing a closed system to be connected for a breathing circuit in the anaesthetic system, and an anaesthetic at a specific concentration is selected on a setting unit in the anaesthetic system, **characterized in** that the breathing circuit automatically switches to an open system for a predetermined period of time, when a change in anaesthetic and/or change in the specific concentration is initiated on the setting unit, and the breathing circuit automatically resets to a closed system when the predetermined period of time elapses.

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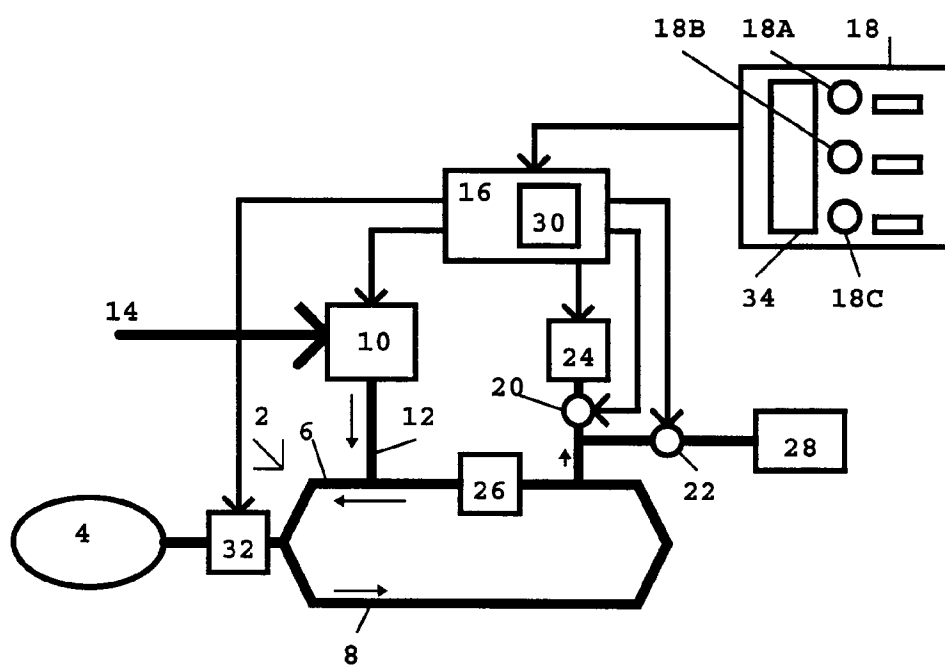


FIG. 1

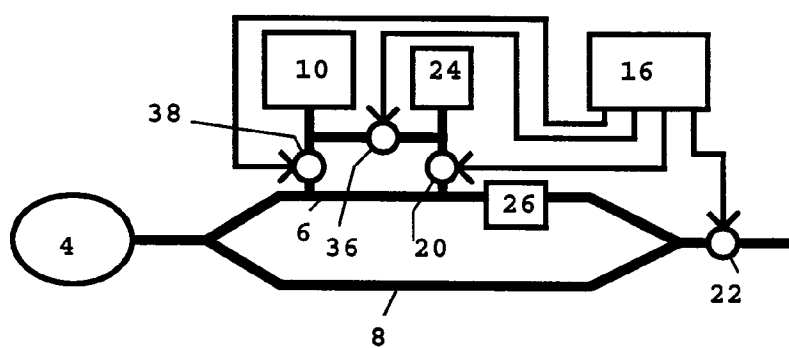


FIG. 2



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# EUROPEAN SEARCH REPORT

Application Number  
EP 96 10 5279.2  
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DOCUMENTS CONSIDERED TO BE RELEVANT			
Category	Citation of document with indication, where appropriate, of relevant passages	Relevant to claim	CLASSIFICATION OF THE APPLICATION (Int. Cl.6)
A	WO, A1, 8605992 (PENLON LIMITED), 23 October 1986 (23.10.86)  --	1-8	A61M 16/01
A	US, A, 5070871 (ANTHONY W. MANICOM), 10 December 1991 (10.12.91)  --	1-8	
A	US, A, 5245996 (ANTHONY W. MANICOM), 21 September 1993 (21.09.93)  -----	1-8	
			TECHNICAL FIELDS SEARCHED (Int. Cl.6)
			A61M
The present search report has been drawn up for all claims			
Place of search STOCKHOLM		Date of completion of the search 27 August 1996	Examiner JACK HEDLUND
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